

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90780 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V72383

1. Entity Name
TURN KEY HOME BUILDERS SOUTH INC.



10036186

Principal Place of Business
**4840 ROYAL PALM BEACH BLVD
ROYAL PALM BCH, FL 33411 US**

Mailing Address
**4840 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3175839

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MYURA, ANTHONY
6844 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when necessary)

DATE

**FILE NOW!!! FEES \$150.00
After May 1, 2003 Fee will be \$500.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PO** ☐ Delete
NAME **MYURA, ANTHONY**
STREET ADDRESS **4840 ROYAL PALM BCH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH, FL**

TITLE **VPD**
NAME **MYURA, DOUGLAS**
STREET ADDRESS **4840 ROYAL PALM BCH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANTHONY MYURA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03 561-532-4412
Date Daytime Phone

CR2E034 (10/02)